

# Form 941 for 2005: Employer's Quarterly Federal Tax Return

(Rev. January 2005)

Department of the Treasury — Internal Revenue Service

9901

OMB No. 1545-0029

Employer identification number   —

Name (not your trade name)

Trade name (if any)

Address

Number Street Suite or room number

City State ZIP code

## Report for this Quarter ... (Check one.)

- ☐ 1: January, February, March
- ☐ 2: April, May, June
- ☐ 3: July, August, September
- ☐ 4: October, November, December

Read the separate instructions before you fill out this form. Please type or print within the boxes.

### Part 1: Answer these questions for this quarter.

**1** Number of employees who received wages, tips, or other compensation for the pay period including: *Mar. 12* (Quarter 1), *June 12* (Quarter 2), *Sept. 12* (Quarter 3), *Dec. 12* (Quarter 4) **1**

**2** Wages, tips, and other compensation **2**

**3** Total income tax withheld from wages, tips, and other compensation **3**

**4** If no wages, tips, and other compensation are subject to social security or Medicare tax ☐ Check and go to line 6.

**5** Taxable social security and Medicare wages and tips:

	Column 1	Column 2
<b>5a</b> Taxable social security wages	<input type="text"/>	<input type="text"/>
<b>5b</b> Taxable social security tips	<input type="text"/>	<input type="text"/>
<b>5c</b> Taxable Medicare wages & tips	<input type="text"/>	<input type="text"/>
<b>5d</b> Total social security and Medicare taxes (Column 2, lines 5a + 5b + 5c = line 5d)	<input type="text"/>	
<b>6</b> Total taxes before adjustments (lines 3 + 5d = line 6)	<input type="text"/>	
<b>7</b> Tax adjustments (If your answer is a negative number, write it in brackets.):		
<b>7a</b> Current quarter's fractions of cents	<input type="text"/>	
<b>7b</b> Current quarter's sick pay	<input type="text"/>	
<b>7c</b> Current quarter's adjustments for tips and group-term life insurance	<input type="text"/>	
<b>7d</b> Current year's income tax withholding (Attach Form 941c)	<input type="text"/>	
<b>7e</b> Prior quarters' social security and Medicare taxes (Attach Form 941c)	<input type="text"/>	
<b>7f</b> Special additions to federal income tax (reserved use)	<input type="text"/>	
<b>7g</b> Special additions to social security and Medicare (reserved use)	<input type="text"/>	
<b>7h</b> Total adjustments (Combine all amounts: lines 7a through 7g.)	<input type="text"/>	
<b>8</b> Total taxes after adjustments (Combine lines 6 and 7h.)	<input type="text"/>	
<b>9</b> Advance earned income credit (EIC) payments made to employees	<input type="text"/>	
<b>10</b> Total taxes after adjustment for advance EIC (lines 8 – 9 = line 10)	<input type="text"/>	
<b>11</b> Total deposits for this quarter, including overpayment applied from a prior quarter	<input type="text"/>	
<b>12</b> Balance due (lines 10 – 11 = line 12) Make checks payable to the <i>United States Treasury</i>	<input type="text"/>	
<b>13</b> Overpayment (If line 11 is more than line 10, write the difference here.)	<input type="text"/>	

Check one ☐ Apply to next return.  
☐ Send a refund.

Next ➔

Name (not your trade name)

Employer identification number

**Part 2: Tell us about your deposit schedule for this quarter.**

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see *Pub. 15 (Circular E)*, section 11.

14   Write the state abbreviation for the state where you made your deposits OR write "MU" if you made your deposits in *multiple* states.

15 Check one: ☐ Line 10 is less than \$2,500. Go to Part 3.

☐ You were a monthly schedule depositor for the entire quarter. Fill out your tax liability for each month. Then go to Part 3.

Tax liability: Month 1

Month 2

Month 3

Total

Total must equal line 10.

☐ You were a semiweekly schedule depositor for any part of this quarter. Fill out *Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors*, and attach it to this form.

**Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.**

16 If your business has closed and you do not have to file returns in the future . . . . . ☐ Check here, and

enter the final date you paid wages  /  / .

17 If you are a seasonal employer and you do not have to file a return for every quarter of the year . . . ☐ Check here.

**Part 4: May we contact your third-party designee?**

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

☐ Yes. Designee's name

Phone

 (  ) - 

Personal Identification Number (PIN)

    

☐ No.

**Part 5: Sign here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**X** Sign your name here

Print name and title

Date  /  /  Phone (  ) -

**Part 6: For paid preparers only (optional)**

Preparer's signature

Firm's name

Address

EIN

ZIP code

Date

 /  / 

Phone

 (  ) - 

SSN/PTIN

☐ Check if you are self-employed.